MULTIPLE DEPENDENT CLAIM FILING DATE SERIAL NO. FEE CALCULATION SHEET 10 1588537 8.7.06 (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER AFTER AFTER AS FILED AS FILED 2nd AMENDMENT 1ST AMENDMENT 2nd AMENDMENT 1st AMENDMENT IND. DEP. IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. 51 52 55 55 55 56 57 59 60 8 9 [0 61 62 63 64 65 66 67 68 69 70 71 72 73 74 11 23 4 5 17 75 76 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

TOTAL DEP TOTAL CLAIMS